

power; and accordingly as this is or is not curable, will depend whether the cure of a prolapsus is apparent or real; as mere reposition with mechanical support is not a cure. In some diseases which are attended with an increased activity of the uterus, there is a rising of the organ in the pelvis, as puerperal fever, hydrometra, &c. Disease of the ovaries does not produce any sinking of the organ; nor do tumours or indurations of its substance as long as they are in process of development, nor until they have interrupted its functions, or weighed it down by their great bulk. Polypi also seldom gave rise to prolapsus.

*Treatment.* Common as is the disease, a radical cure is seldom accomplished. The indications are to remedy the defective or disordered condition of the general vital powers, or of those of the uterus in particular. The author especially warns us against the continued use of injections, and the too early employment of pessaries. When the vital power of the sexual system or uterus is exhausted in consequence of age, over-stimulus, or incurable disease, mere palliative treatment should be employed.—*Brit. & For. Medico-Chirur. Rev.*, from *Zeitschrift für Gebertskunde*, Band xxiv. pp. 321–340.

52. *Case of Hydrometra occurring in an Unimpregnated Uterus.* By Dr. GRANDIER.—This case occurred in the person of D. F., æt. 21, unmarried, and of a scrofulous habit of body. In Nov. 1842 her menses, which had been very irregular, were arrested, and the belly began to swell, so that in twelve weeks it resembled that of a pregnant woman in her last months. The distension was as equable as in ascites, but a fluctuation was only very obscurely felt. The extremities were swollen, respiration hurried, and the amount of urine small. Examination, *per vaginam*, having proved the groundlessness of the charge of pregnancy, she was treated by various hydragogues, &c., as for ordinary ascites; and it was not until paracentesis had been in vain attempted that a hydrometra was diagnosed. Ten grains of *secale cornutum* were now ordered every two hours, until uterine action was developed. Great pain and anguish were thus produced, which continued for twenty-four hours, when (one hundred and twenty grains of secale having been taken) a small plug of mucus was expelled from the vagina, and followed by the uninterrupted flow of six *maas* (sixty-four ounces) of a clear, watery fluid. The patient's sufferings were much relieved; her general condition improved; and while taking Stahl's pills her menses returned. Still her belly never resumed completely its normal size, and at intervals, varying from one to three weeks, there were gradually expelled other eighteen *maas* of the same fluid. In June, 1843, she repaired to the sulphureous waters at Nenndorf, the belly being as large as in advanced pregnancy; and, the menses again disappearing, ten *maas* of fluid were discharged from the vagina. In August, seven *maas*; and in September, thirty-nine were discharged; but after this period, the mineral waters and other means employed having removed the deranged condition of the digestive organs under which she had long laboured, and the discharge of water, *per vaginam*, which had probably accumulated during the stasis of the venous abdominal circulation, entirely ceased.—*Brit. & For. Medico-Chir. Rev.*, April 1849, from *Neue Zeitschrift für Geburtskunde*, Band xxiv. pp. 261–8.

53. *Prolapsus of the Funis during Labour.*—Dr. HOFFMAN does not admit the validity of the explanation of this occurrence, which refers it to a disproportionately large pelvis or small head. If this were the case, the accident would be met with far more frequently than it is, and especially during premature labours. He believes it to be dependent upon an irregular contraction of the uterus, whereby the lower segment of the organ becomes unduly relaxed. He has never met with it in cases in which the pains have manifested their normal activity, but only in those in which they have assumed a spasmodic character. Upon these grounds he declares the mere reposition of the funis, unless the character of the pains can also be changed, to be of no avail; for the lower segment of the uterus not being applied to the head in these irregular pains, as it should be, the prolapsus is sure again to recur.

Moreover, the reposition of the funis is opposed by a general law which, however easily demonstrable, the author does not recollect to have ever seen

stated. It is, that *when during the progress of labour any portion of the ovum has quitted the cavity of the uterus, it can never be replaced.* As soon as any of the liquor amnii is discharged, the walls of the uterus become closely applied to the contour of the child, and the size of its cavity *pro tanto* diminished. Just in proportion as the parts of the child quit this cavity, does its size continue diminishing, and neither a spontaneous nor artificial return of these is possible. So it is with the funis; the cavity of the uterus having diminished in size since its descent, there remains no longer room for it. The general conclusion to be drawn is, that when the funis is prolapsed, to save the child, we must resort to turning, and place no reliance on the various instruments which have been contrived for its replacement.—*Ibid.*, from *Ibid.*, Band xxv. p. 45.

54. *Spontaneous Rupture of the Uterus—Recovery.*—JAMES CHURCH, Esq., has communicated to the *Lancet* (May 19) a case of spontaneous rupture of the uterus, in a corpulent woman 42 years of age, during her tenth labour, in which recovery took place. The rupture extended from near the fundus towards the left side, through which the child escaped. Mr. C. introduced his hand into the uterus and delivered the child, which was dead.

55. *Subacute Inflammation of the Ovaries and of the Fallopian Tubes as one of the Causes of Sterility.*—Dr. TILT read a paper before the Westminster Medical Society (April 28) on this subject. After dividing the causes of sterility into those which are self-evident, those which are disputable, and those which are of a mysterious nature, Dr. Tilt drew the attention of the Society to subacute ovaritis as a frequent cause of sterility. He founded this assertion—

I.—On physiological data.

II.—On the testimony of authors.

III.—On the cases which he brought forward.

He began by establishing the paramount importance of the ovaries in the hierarchy of our organs, showing that the anatomical phenomena of ovulation were identical to those termed inflammatory, and thus led us to believe that in morbid ovulation the healthy process might often pass into the inflammatory, and furnish a satisfactory explanation of the increase of pains and of heat in the ovarian regions—symptoms so frequently met with in difficult menstruation. He considered that subacute inflammation of the ovaries might produce all those symptoms which are called by the common name of dysmenorrhœa, although they may also depend on the disorder of other organs. He also admitted that the symptoms of subacute ovaritis might vary according to the nature of the patient's constitution, producing hysterical symptoms in nervous and highly excitable females, and morbid products and sterility in those of a strumous constitution.

II.—Dr. Tilt proved, by the testimony of authors, the frequency of unaccounted-for ovarian lesions; and as these lesions are admitted by all to be the products of inflammation, he drew, as an evident conclusion, that the ovaries and their peritoneal covering were frequently subjected to inflammation, though not recognized as such during the patient's life, nor treated accordingly. Respecting the production of dysmenorrhœa, Dr. Tilt admitted, that in some instances all the symptoms of that disease were produced by subacute ovaritis, while in others, as it has been well established by Dr. Oldham, ovaritis determines dysmenorrhœa by the inflammatory congestion of the uterus to which it gives rise; but he did not agree with Dr. Rigby that membraniform exudations in the catamenia were always the proof of ovaritis. Having thus established that subacute ovaritis is a frequent cause of dysmenorrhœa, Dr. Tilt observed that dysmenorrhœa and sterility being admitted as concomitant facts, depending on each other, or on the same cause, he had a right to infer that subacute ovaritis was a cause of sterility, and that this imperfection was the result—

1. Of morbid lesions of the stroma, or of the vesicles of the ovula therein contained.

2. Of a false membranous deposit lining the ovaries, so as to preclude the exit of the ovula.